

Dental Health Secrets

**Discover what
the dental
associations
don't want
you to know
about oral
hygiene!**

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(Editor's Note: This edited interview with dentist Dr Robert O. Nara was originally published in the March-April 1979 issue of The Mother Earth News. Following this interview extract, we have presented information taken from his newsletters of the mid-1980s.)

PLOWBOY: Dr Nara, your ideas about preventive dentistry have, so far, cost you your licence to practise, gotten you kicked out of the county, state and national dental organisations, and forced you to face criminal charges. I know this situation didn't develop overnight, so why don't we begin at the beginning? Can you tell me about your training and professional background?

NARA: Of course. I took my undergraduate degree at Michigan State University, in East Lansing, Michigan, in 1955. Immediately thereafter, I enrolled in the University of Michigan's dental school. After graduation, I served in the Navy for two years, during which time I practised dentistry at the Pacific missile range headquarters in California. I returned to Houghton, Michigan, when my hitch was up and set myself up in private practice in 1961.

PLOWBOY: How did it happen that your work turned toward preventive, rather than reparative, dentistry?

NARA: Well, first of all, I was taught enough microbiology, oral physiology and biochemistry in dental school to get a pretty fair understanding of the processes that contribute to dental disease. This 'medical' material, however, was presented to us in a rather hit-or-miss pattern, with bits of information dribbling in during one class or another.

What my schooling really prepared me for, however—and what any student in dental school is actually trained to do—was mechanics: drilling and filling.

PLOWBOY: Don't the dental schools encourage preventive care?

NARA: No, they don't encourage it at all! And there's another factor that contributes to the lack of preventive dentistry in the United States, too. You see, most young dentists upon graduation have a very substantial educational debt to take care of. Then, in order to get a practice started, these men and women have to go out and buy more than \$50,000 worth of equipment! So there is, as you can see, tremendous pressure put upon the beginning dentist to get going and bring in some money. I believe that many of these people would like to be able to start their practices by teaching folks how to clean their mouths, but the simple truth is that the big money is in reparative work. So, the new dentist—who, as I've said, is really under the economic gun—puts off his or her ideas about prevention until after the bills are paid, and once that pattern is established, it never really gets broken.

PLOWBOY: Can you be more specific about that 'pattern'?

NARA: Certainly. You see, after a beginning practitioner has become convinced that mechanical repair is the only way to get out of debt, he or she will usually spend a long period of time doing little else. Now, reparative dentistry is, for the most part, dull, tedious, and—in all but a financial sense—unrewarding work. It doesn't take much of this sort of drudgery to kill off any idealism that might have motivated the dentist to try prevention in the first place.

It seems that many of these doctors eventually come to regard dental health from the same frame of reference as most of the American public does: that dental disease is inevitable and that everyone will lose his or her teeth sooner or later. Naturally, once this attitude takes over—and it may be a 'gut feeling' that's never actually spoken about or even consciously thought—the dentist begins to feel that prevention is a waste of time, and so the status quo perpetuates itself.

PLOWBOY: But this common attitude didn't keep you from practising preventive therapy?

NARA: No, it didn't, and I think there are several reasons why I was able to maintain my interest in prevention. For one thing, I'm a pretty stubborn individual. For another, I dislike even trying to treat a mouth that isn't clean. I mean, why go through the time and effort necessary to really remove decay and place nice fillings when you know—because the mouth itself is not being cared for—that the new work is going to be decayed all around its margins in six months or a year? There's simply not much job satisfaction in enlarging the same filling, time after time, until the tooth has to come out.

So, early in my practice I tried to put together a plan that would motivate my patients, to help them establish an effective oral hygiene program. I failed miserably—as I should have known I would—because nobody wanted to listen.

My patients at that time shared the common attitude: "Come on, Doc, just get that tooth filled, or get this one pulled, and let me out of here." Because most folks don't want to spend any more time than is absolutely necessary in a dentist's office, they want to get away from that chair and away from those drills as quickly as possible.

PLOWBOY: How did you manage to communicate the necessary information to your patients, then?

NARA: Well, I knew that most people avoid the dentist's office until they need work done—usually either a filling or an extraction. And people in pain aren't likely to be receptive to a cute story about preventing the disease. So, I had to design a system that would penetrate, first, the preoccupation with money worries and physical discomfort that most folks bring to the office with them. And I also had to figure out a way to change the preconception that nothing can be done about tooth decay and gum disease anyway.

With all of these cards stacked against me, I knew that I needed a very effective psychological delivery system. So, I spent a lot of time thinking about it, saying to myself, "How can I do this?"

My goal was to stop disease, and I was sure that I could stop it—I had all of the scientific evidence in the world to back me up—if I could get the patients' help and cooperation.

And that's what the 'method' that I came to call Oramedics does: it enables me to get the patients to cooperate, to take the control of their own oral environment into their own hands. And the system works!

PLOWBOY: But as soon as you started practising this form of prevention, you began to encounter resistance from the dental establishment. When did the first signs of your coming 'war' with organised dentistry show up?

NARA: I began working, in 1968, to bring about some changes in the outmoded dental laws that still exist in much of the US. At that point I was mainly concerned with setting up a system that would help the dentist to be more effective in his or her job. Part of the problem, as I saw it, was that most dentists simply didn't have the time to handle health education effectively. I felt that

this situation could be remedied if the doctors were able to delegate some of the more routine dental tasks to parodontal personnel. After all, there are many new types of paramedical jobs and paralegal jobs today, but we really don't have any new parodontal positions: here haven't been any 'new kids on the team' for years.

So, I started lecturing that dental assistants should be trained to polish teeth, to give fluoride treatments and so forth, in order to allow these people to become really worthwhile members of the dental health team. I pushed pretty hard to get new laws passed that would help bring about these changes. For instance, I got myself elected to the American Dental Association's House of Delegates in 1971 and spent four years pushing for modern laws.

The first real sign of the troubles to come, however, showed up in April of 1968. I was called, at that time, before the State Board of Dentistry and told—by one of the Board's members—that I'd lose my licence if I continued to rock the boat. I replied that I believed myself to be in the right, that I was acting in the public interest, and that I would continue to do so regardless of whatever he was tempted to do in retaliation. The Board member responded by saying, "We'll get you." And it took him 10 years, 10 long years of battles in the professional organisations and in the courts, to finally take my licence away from me.

The State Board chose to attack me on the ground that I

was training my assistants to perform the routine tasks I described above. They tried to force me to stop doing this, and I of course refused. Then, in 1972, one of my assistants, while following my instructions, placed a medicated piece of cotton in a patient's cavity—and the man returned the next day with warrants for my assistant's and my arrest. He was actually the attorney who served as chief investigator for the Dental Board's Department of Licensing and Regulations!

PLOWBOY: And what was the outcome of that 1972 arrest?

NARA: Well, it eventually led to an arraignment. And, at the hearing, the judge explained to me that if I were found guilty as charged, I could spend a year in jail and be fined up to \$500. He then asked me how I intended to plead, and I told him "guilty".

The judge was upset by this. "You're putting me in a rough spot here, Doctor," he said. I asked him what he meant, and he explained that if I didn't plead "not guilty" he'd have to sentence me. I replied that I was at fault, that I had allowed my assistants to polish teeth and so forth. So, the judge turned off his tape recorder, leaned over the bench, and advised me to get myself a lawyer and to give the matter some serious thought before I came to trial. Well, I didn't hire an attorney. I didn't want one, because my attitude was that the laws themselves were wrong—and I figured that I might just as well be the person who challenged them.

At any rate, it took another six months for the case to actually come to trial, and the State Dental Board must have gotten a bit worried by that time. It looked pretty certain that the judge was going to have to throw me in the slammer for a year, and the Board must have decided that they'd get a lot of bad press if they sent a dentist to jail for letting his assistants perform routine tasks, so they dropped the charges.

**The dental establishment is
scared to death that the public is
going to realise the entire
profession has been making a
living by repairing the results of
a disease they could have been
curing all along!**

(Source: *PDA Network News*, #9)

(Editor's Note: The following was extracted from *PDA Network News*, nos. 7 and 9, Fall 1985.)

THE FACTS

Carefully examine Figure 1. It shows a cross section of a tooth. The spongy looking material is the supportive bone that holds our teeth in place. The bone on the left of the tooth is shown as normal, on the right side it has deteriorated because of gum disease. The gum tissue covers the bone and a thin layer of tissue fibres surround the tooth and attach the tooth to the bone (a velcro-like attachment).

Early in life, when the teeth first grow into our mouths, a small crevice exists between the tooth and the gum tissue. In the healthy condition this crevice is about one millimetre deep. Figure 1 shows an instrument called a pocket marker, inserted into the left-side crevice. The crevice on this side shows to be two to three millimetres deep. This condition is already unhealthy because bacterial waste products are causing inflammation of the tissue. This leads to infection and deep bone deterioration. This condition is shown on the right side of the tooth in Figure 1. The depth of the crevice or pocket on this side is seven or eight millimetres. This depth of pocket formation and bone loss is very severe, and if not arrested very soon will undoubtedly cause the tooth to be lost.

For many years dentists have been telling the public to brush twice a day, floss once a day, see them for scraping of the teeth every six months and everything will be all right. Millions of Americans have been following these orders, only to be told after a few years that NOW they have gum disease and need to see a gum specialist for surgery. This means cutting away the diseased gums so the process can start all over again. This is a painful, expensive, merry-go-round that leads to false teeth. This whole "personal and national tragedy" continues for only one reason: it's very profitable to the dental profession. A well-known Michigan gum specialist has bragged for years that he makes over a million dollars a year on gum surgery and related treatments. Since the automobile industry has instigated such elaborate dental insurance, his 'take' must have doubled or tripled by now!

The irony of the whole situation is that if armed with the right knowledge and if motivated to take action, with the proper instru-

ments anyone can simply rid the mouth of the offending microscopic little bastards. An enthusiastic user of these methods recently wrote: "They told me my pockets would have to be cut out, but they healed up by themselves."

It's very simple: the mouth routinely harbours about 300 different varieties of bacteria. However, it has been scientifically proven that the troublemakers are spirochetes, motile rods and cocci. Reduce these 'nasty' bugs below certain levels and **THE BODY HEALS ITSELF!**

Once a person realises how easy it is to understand the cause of gum disease, a little additional thinking then allows one to understand the decay process. The same mechanism applies here, only here it's the acid part of the toxic waste products that eats holes in the teeth. The notches that many people have at the necks of some teeth are almost always caused by a build-up of toxic waste products below the gum line before the gums recede. Dentists always want to blame the patients for improper toothbrushing. That's not true. The notches and the receding gums are both caused by the same problem.

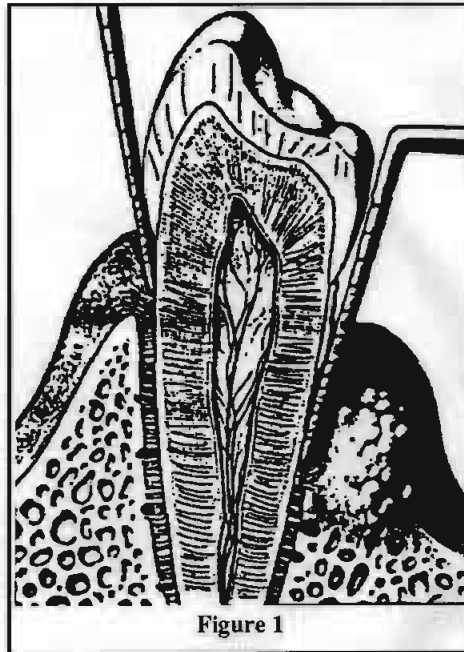


Figure 1

THE SOLUTION

The bottom line on the problem of gum disease is simply that the neck of the tooth is not given proper attention. Dentists are directly to blame because they concentrate all of their efforts on the crowns of the teeth: they fill them, inlay them, bridge them, etc. That's where the big money is! Therefore the public never learns that the main 'trouble spot' is the crevice at the neck of the tooth. The solution lies in cleansing this crevice of the toxic waste products from harmful bacteria.

Early in life this can be accomplished with a toothbrush and "Clean-Between", plus a device to flush out the crevice. Figure 2 shows a diagram of how this is easily accomplished. If some gum disease has set in so the crevice is rapidly becoming a crevasse, then a "Special Tip" is required. The Special Tip squirts a stream of salt water that is much more directional than the ordinary tips. If the disease is even more advanced, then more sophisticated tips and methods and therapeutic rinses may be necessary. These stages of the disease and the corresponding treatment tips are illustrated in Figures 3 and 4. An enlarged view of the side-port tip is shown in Figure 5.

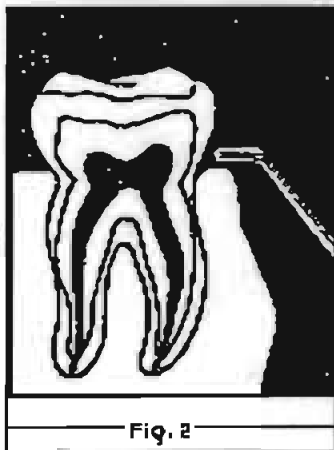


Fig. 2



Fig. 3



Fig. 4

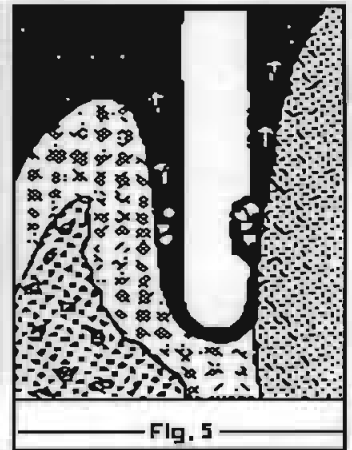


Fig. 5

These self-help methods of controlling gum disease have been used successfully for nearly 30 years. The reason that the results are so dramatic is that this approach is aimed at stopping the cause of the problem. Other methods are an attempt to control the symptoms.

One should be cautious, however, in one's thinking about these methods. The more severe the gum disease, the more difficult these methods become. It may be necessary to retain the help of a dentist who has been specifically trained in helping people to help themselves. Doctor-dependent treatment such as gum surgery is rapidly being replaced with self-help methods aimed at eliminating the cause.

INTRINSIC FACTOR

As a final consideration in understanding the aetiology of gum disease, it is well to keep in mind that no two human beings are exactly alike. There is a wide variation of people's resistive ability when it comes to fighting off gum disease.

In a large sample of people whose general health would be considered good, a few would have such strong resistance that their gums and supportive bone stays healthy even if they were very neglectful of oral hygiene, eating habits, etc. Another small group would be highly prone to gum deterioration even if they were very conscientious. A large group in the middle would suffer what might be called typical gum disease.

Also a certain number of people will suffer from what could be called 'magnified' gum problems. Gum disease can be exacerbated by many conditions, including immunosuppression, malnutrition or other general debility, endocrine abnormalities, etc. Therefore anyone who has been using all the right methods of eliminating the cause of gum disease but still having problems, should analyse the possibility of some intrinsic factor that might be complicating the overall health picture.

Being treated medically for a variety of problems can also have side-effects complicating the gum disease situation. For example, about 500 different commercially prepared drugs have side-effects that can cause a reduction in the amount of saliva flow. Reduced salivary flow can have an extremely damaging effect on the gums and supportive bone. Some of the most common drugs that produce the dry mouth syndrome are: Actifed, Donnata, Benedryl, Librax, Chlortrimeton, Ornade, Compazine, Sudafed, Dimetane, Thorazine and Valium.

Many people simply do not know exactly how teeth and gums get into trouble, so if one lacks knowledge it's impossible to take corrective action.

Teeth and supportive jawbones are weakened by improper nutrition, or by toxic waste products produced by bacterial colonies collecting within the mouth. The toxic waste products raise havoc with the calcium and phosphorus of the teeth and they cause inflammation of the gums. Cavities appear in areas of greater concentrations of the acid-like waste products, and if inflammation of the gums is allowed to persist for any length of time it leads to infection of the gums. Loose puffy gums that tend to bleed easily is the next step in the deterioration process. Prolonged loosening, flabby gums, destroy the connective fibres that hold our gums

tight to teeth and bone. Then a space develops between the neck of the tooth and encircling gum tissue. This 'abnormal' space is commonly called a pocket. As the space (pocket) deepens, it then erodes away the bone that holds the teeth in place. This is commonly referred to as pyorrhea. More teeth are lost due to pyorrhea than due to decay. About 98% of all Americans have at least some areas of diseased gum tissue in their mouths: over half of these are also experiencing a progressive bone loss.

Fortunately, cavities and pyorrhea (gum disease and bone loss) are both 100% preventable and both are reversible!

Most health-oriented people these days know a good diet from a bad one. The so-called 'secrets of nutrition' are really NOT secret at all to the nutrition-conscious individuals who care about themselves and their minds and bodies. The building blocks of all body tissues are similar. A diet lacking in essential elements will suffer consequences throughout the body, not just in one organ or tissue. The building blocks of both teeth and bone are calcium and phosphorus, but shortages of these two ingredients will cause other problems as well.

For years dentists and gum tissue specialists have recommended gum and bone surgery to cut away loose flabby gums and infected

bone. Supposedly after healing, the mouth can then again be kept clean by brushing and flossing. This is seldom the case, however, and most people wind up in the same condition in a short time and are told that surgery is necessary again, and again. The reason for this is that the real 'cause' of the problem is not being attacked. A 'cut job' is not the solution to the problem.

Once pockets form (98% of Americans have early, moderate

or severe pocket formation), brushing and flossing alone cannot remove toxic waste products from these below-the-gum-line spaces. The only way known to accomplish this flushing away of the disease-producing toxins is by use of an oral irrigator.

When the toxic waste products that are being trapped in below-the-gum-line spaces are flushed out daily with warm salt water, the body's normal reparative processes set in and heal the diseased gum tissue. In most cases, once the gum tissue begins to heal, the bone follows suit, growing back new bone where it's been lost and tightening up loose wobbly teeth (self-help healing of pyorrhea).

In mouths where bacterial toxins run high, the decay process is also represented, so by eliminating the bacterial waste products from the teeth and gums the decay process stops and, as well, gums and bone start healing.

The saliva can then return to its God-intended condition of healing fluid rather than a sewage transmission fluid. Only when this 'healing fluid' state is achieved can cavities harden (remineralise). When toxic waste products abound, everything gets worse, not better. The human body normally produces approximately one quart of saliva each day. When this saliva exists under such environmental conditions to be in the 'healing fluid' state, then and only then will

- 1) cavities heal (remineralise)
- 2) gums heal (rejuvenate)
- 3) bone heal (tightening up loose teeth).

When the saliva is not 'healing fluid ability', an interesting phe-

In most cases, once the gum tissue begins to heal, the bone follows suit, growing back new bone where it's been lost...

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nomenon occurs: the calculus or tartar that builds up on teeth (deposited) is slowly dissolved, eliminating the need for painful and expensive scraping of the teeth by the dentist or dental hygienist.

Purifying the saliva and mouth can be speeded up today with new state-of-the-art products. A rinse of a solution of highly concentrated calcium and phosphorus ions (with a remineralising catalyst) has recently been developed by a biochemical company here in this country. To combat the build-up of bacterial colonies (producers of toxic waste products), a new teeth-cleaning substance has been developed to retard the bacterial colonies from growing in the first place. Yet another rinse is available to kill off high concentrations of bacteria when a saliva test has shown them to be excessively high. It is important to note here that the 2% of the public who are immune to cavities and gum problems do not need these products, and diligent and effective removal of all bacterial colonies will, in time, produce the same beneficial effects. These products are only intended to hasten the process in cases where conditions are considered moderate to severe. ∞

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